

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8	1		1				58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17	1		1				67						
18		1					68						
19	1		1				69						
20	1		1				70						
21	1		1				71						
22	1		1				72						
23		1					73						
24	1		1				74						
25	1		1				75						
26		1					76						
27		1					77						
28		1					78						
29	1		1				79						
30	1		1				80						
31		1					81						
32	1		1				82						
33	1		1				83						
34	1		1				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS			18				TOTAL CLAIMS						